

CAUSE NO: _____

Elba Pabon Ojeda

Plaintiff,

v. dba Takata Airbags

TK Holdings, Inc.

Defendant.

IN THE _____

B - 20 - 99

United States District Court
Southern District of Texas
FILED

JUL - 8 2020

David J. Bradley, Clerk of Court

PLAINTIFF'S ORIGINAL PETITION AND REQUEST FOR

PLAINTIFF, proceeding *pro se*, brings this complaint for damages and alleges as follows:

I. DISCOVERY LEVEL

1. Pursuant to Rule _____, *Texas Rules of Civil Procedure*, this is

II. REQUEST FOR DISCLOSURE

2. Pursuant to Rule 194, *Texas Rules of Civil Procedure*, you are within 50 days of service of this request, all information required

III. PARTIES

3. Plaintiff is

an individual who resides in Cameron County, Texas

Defendant is:

a business that went bankrupt!

U.S. Bankruptcy Court Trustee,
c/o Mr. Eric D. Green, Special Master
District of Delaware

TK Holdings, Inc., et al.,
Case # 17-11375 (BLS)

824 Market Street N. 3rd Floor
Wilmington, Delaware, 19801

5. Venue is proper in Cameron County because, the actions giving rise to this Complaint occurred in Cameron County and Defendant Resides in an unknown County but does business in Cameron County

The damages claimed in this complaint do not exceed the jurisdictional limits of this Court.

V. FACTS ALLEGED

6. July 9th 2018 we were involved in a car accident, the airbag deployed with excessive force causing injuries in both of my eyes burning my face and hair

7. As a result of my eyes injured I had 2 surgeries on my right eye and one on my left eye; due to a rupture on the right cornea.

8. My vision will never be the same, I still see blur on my right eye and I can't see the distance between stair steps, I fell at the Courthouse in Brownsville, Texas from the fourth step.

VI. CLAIMS FOR RELIEF

FIRST CLAIM FOR RELIEF:

_____. Plaintiff re-alleges and incorporates all prior allegations in this Petition as if fully set forth here.

_____. Defendant's actions, as described above, have caused Plaintiff the following damages:

Loss of vision, an amount of pain that can't be describe, and a lot of suffering

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VII. PRAYER FOR RELIEF

_____. WHEREFORE, Plaintiff requests the following relief:

A money award judgement against defendant for \$ 3,000,000.00

PLAINTIFF'S ORIGINAL PETITION AND REQUEST FOR DISCLOSURES, page
____ of _____

- A money award judgment entered against Defendant for Plaintiff's damages, which are within the jurisdictional limits of this court.
- An award of post-judgment interest on any money damages awarded at the current statutory rate.
- Plaintiff's reasonable costs and disbursements for bringing this action.
- Any and all other relief the Court deems just and reasonable under the circumstances.

Respectfully submitted on: 7/8/2020

By: Elba Iris Pabón Ojeda
Elba Pabón Ojeda

Plaintiff, pro se

P.O. Box 2077 San Pedro Island, TX
78597

469-516-8877

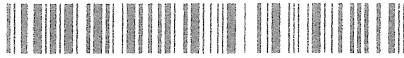
elbapabon23@gmail.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOSE L. VAHS - VICE PRES
NISSAN NORTH AMERICA INC
ONE NISSAN WAY
FRANKLIN, TN 37067



9590 9402 5586 9274 6294 03

2. Article Number (Transfer from service label)

7019 1640 0000 3002 6083

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addre

B. Received by (Printed Name)

Alison S. Rice

C. Date of Del

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Rec

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHARLIE CLARK
R-BA CHARLIE CLARK DISAB
3500 W Exley St
Hartington, TX 78552



9590 9402 5586 9274 6294 27

2. Article Number (Transfer from service label)

7018 0360 0001 2552 6451

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addre

B. Received by (Printed Name)

C. Date of De

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Rec

7018 0360 0001 2552 6451

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

HARLINGEN, TX 78551

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.40

Total Postage and Fees \$7.80

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

LOS FRESNOS TX 78566
JUN 08 2020
USPS
 06/08/2020

7019 1640 0000 3002 6083

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

FRANKLIN, TN 37067

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.40

Total Postage and Fees \$7.80

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

LOS FRESNOS TX 78566
JUN 08 2020
USPS
 06/08/2020

7018 0360 0001 2552 6468

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WILMINGTON, DE 19801

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.40

Total Postage and Fees \$7.80

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

LOS FRESNOS TX 78566
JUN 08 2020
USPS
 06/08/2020

July 9th 2018 We were involved in a car accident in Los Fresnos, Texas.

The front passenger airbag deployed with so much force that hit my face, eyes, burst my hair and face, I suffered a cut on my right eyebrow I thought the bone was broken. Both of my eyes were bruised, and as a result had 2 surgeries on my right eye and one on my left eye. I still have radio opaque (particles without color) on my forehead, between my eyes next to my left nostril, the side of my face and in the neck. As I explained before the airbag deployed with excessive force, I was unconscious for a few minutes, I include my medical record from the E.R. and from Gharmon Eye Associates. My right eye hasn't heal yet. I'm still off balance and I can't see well the difference between steps. My glasses correct my right eye because I still see blue. We weren't aware that the vehicle, a 2017 Nissan Altima had a recall since 4/29/2016. More than a year prior to be assembled, the sensor of the front passenger airbag had the recall.

According to NHTSA after more than
6,000 complaints they decided to investigate
by calling different dealerships and none of
the vehicles was touched. Nissan is not
supposed to use Takata airbags since 2015.



From:

7/8/2020

Elba Pabón Ojeda

P.O. Box 2077

So. Padre Island, TX 78597

Tel# 469-516-8877

e-mail: elbapabon23@gmail.com-

another # 713-449-6620

daughter Maria Barrón

Any information you need we can
provide, call or send a message

Thank you

Elba